

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	09/744437	FILING DATE
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
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TOTAL IND.	1		1			
TOTAL DEP.	13	←	7	←		←
TOTAL CLAIMS	14	████████	8	████████	████████	████████

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TOTAL IND.						
TOTAL DEP.		←		←		←
TOTAL CLAIMS		████████		████████	████████	████████

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS